



AANPCB CERTIFICATION STATUS CHANGE REQUEST

Email: certification@aanpcert.org **Main Number:** (512) 637-0500 **Toll-free Number:** (855) 822-6727 **Fax:** (512) 637-0540

Mailing Address: P.O. Box 12926, Austin, TX, 78711-2826 **Overnight Delivery:** 2600 Via Fortuna, Ste. 240, Austin, TX, 78746

Important Information:

- **PLEASE AUTOFILL OR PRINT.** Save on your computer or print as a paper application. Email, mail, or fax completed form.
- AANPCB does not offer a Retirement or Inactive certification.
- Please allow 5 business days for processing. Questions? Contact us at certification@aanpcert.org or (512)-637-0500.
- **To make changes to your membership account information, please contact:**
 - American Association of Nurse Practitioners (AANP) at www.aanp.org
 - American Academy of Emergency Nurse Practitioners (AAENP) at www.aaenp-natl.org

AANPCB NURSE PRACTITIONER CERTIFICANT INFORMATION		
Name (First Middle Last):		
DOB (mm/dd):	Last 4 SSN:	
Primary Phone Number:	Alternate Phone Number:	
Permanent Email:		
Street Address:		
City:	State/Province (USA & Canada only):	Zip/Postal Code:
AANPCB Nurse Practitioner Specialty Certification Information		
<input type="checkbox"/> Adult Nurse Practitioner (ANP) Certification: A #	<input type="checkbox"/> Family Nurse Practitioner (FNP) Certification: F #	
<input type="checkbox"/> Adult-Gero Primary Care Nurse Practitioner (AGNP) Certification: AG #	<input type="checkbox"/> Gerontologic Nurse Practitioner (GNP) Certification: G #	
<input type="checkbox"/> Emergency Nurse Practitioner (ENP) Certification: E #	<input type="checkbox"/> Psychiatric Mental Health Nurse Practitioner (PMHNP) Certification: PMH #	

CHANGE IN AANPCB NURSE PRACTITIONER CERTIFICATION STATUS	
<input type="checkbox"/> Retired	Retirement Effective Date:
Notification of Death	
<input type="checkbox"/> Deceased	Date of Death:
Notified by:	Relationship to Certificant:

<input type="checkbox"/> Remove from all future AANPCB communication. (Renewal reminders, announcements, elections, and special events)	
Print Name:	
Signature (Required):	Date: